The state of the s	S OFFICE	Summary FILE NUME	
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.	2020	AL PAGES IN ENTIR	D-32 E CFA-4 REPORT
IS THIS AN AMENDMENT? Yes V No	solute k		
COMMITTEE INFORMA 1 Full Name of Committee (so on Statement of Organization) Check if this is	CARTE INTO DE LA SERVICIO	多多种重要的特色	William Pull-In-A
1. Full Name of Committee (as on Statement of Organization)	a new name.		
2. Acronym or Abbreviated Name (if any)	The state of the s	e Telephone Number) 878-5640	
4. Mailing Address (Address where all campaign finance correspondence is received.) 2609 Fairway Drive	Check if this is	a new address.	
5. City, State, ZIP Code Long Beach, IN 46360	6. Party Affi Republi	iation <i>(if applicable)</i> Can	
CANDIDATE INFORMATION (For Candida	te's Committees	Only)	
7. Full Name of Candidate (Include any nickname.) JEFFREY LEE THORNE	8. Party Affi Republi	iation or If Independent Can	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee Judge, LaPorte Superior Court No. 3	10. County LaPorte	of Residence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary ☐ Pre-Election ✓ Annual ☐ Nomination ☐ Other		Pre-Conver	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days a	mend Statement of Organizati	on.) Dost-Conve	ntion
12. Reporting Period (<i>mm/dd/yy</i>): From: 01/01/19 Through: 12/31/19		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1	126.50	
14. Cash on hand and investments January 1, current year.			126.50
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	s.)	And the state of t	
15a. Itemized (Use Schedule A.)		2,500.00	2,500.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	2,500.00	2,500.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2,626.50	2,626.50

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	FOR OFFICE USE ONLY
Signature of Treasurer Title Treasurer	Date (mm/dd/yy) F I L E D N CLERKS OFFICE
Signature of Candidate (if applicable)	Date (mm/dd/yy) 1/17/20 1AN 2 1 2020
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC	rt as required by the Indiana
	Kun 200 0 6

SUBTOTAL

TOTAL

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

17c. Add lines 17a and 17b in both columns.

19. Debts OWED BY the committee (Use Schedule D.)

20. Debts OWED TO the committee (Use Schedule E.)

17b. Unitemized

1,455.20

1,455.20

1,171.30

13,126.50

0.00

0.00

1,455.20

1,455.20

1,171.30

0.00



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Jeffrey L. Thorne 2609 Fairway Dr. Long Beach, IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	2,500.00		11/01/19
				aui Appiegati
Contributor's Occupation (if required)	Contributions:			
2	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)	1		
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
A STATE OF THE STA	THIS PAGE OF SCHEDULE A	\$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 2,500.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	TEMOS	EARTODATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY VI 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL 1 TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	\$ 0.00		
	15a of the Summary Sheet.)	\$		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page _	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	KECEIVED BY
-	Direct			
	In-Kind (describe)			
	200.			
2	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
2.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	In-Kind (describe)			
	C# - D - 1-1-			
	Other Receipts:			
	Miscellaneous (specify)			
	0.00			
3.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
4.	Contributions: Direct			
	☐ In-Kind (describe)			
9	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
5.	Contributions:			
	☐ Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
	90 80 2000			
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 0.00		
Parameter State (Control of the Control of the Cont				
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 2,500.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

1	FI	LE NUMBER	
	Page	of	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Burkhart P.O. Box 536 South Bend, IN 46624	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,385.20	1,385.20	11/01/19
Code O Horizon Bank 515 Franklin Sq. Michigan City, IN 46360	Bank/Bank Fees	✓ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	70.00	70.00	11/19-07/1!
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		_	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kird Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$1,455.20		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to		\$1,455.20		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER					
Page	of				

			Page _	of _		
Enter Text of Public Question.	PUBLIC QUESTIO	N INFORMATION				
Type of Question: Statewide						
Position: Supported Oppos	ed	TYPE OF EXPENDITURE	COLUMNIA	COLUMNIA	2475.05	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$ 0.00			
	TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONL					



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

Page	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD	
Jeffrey L. Thorne 2609 Fairway Dr. Long Beach, IN 46360		2,500.00	03/05/14	0	2,500.00	
LENDER'S OCCUPATION:		Loan		Ü	2,000.00	
Jeffrey L. Thorne 2609 Fairway Dr. Long Beach, IN 46360		2,000.00	03/22/14	0	2,000.00	
LENDER'S OCCUPATION:		Loan				
Jeffrey L. Thorne 2609 Fairway Dr.		2,500.00	2,500.00 04/18/14 0		2,500.00	
Long Beach, IN 46360		Loan			2,000.00	
Jeffrey L. Thorne 2609 Fairway Dr.		3,500.00	10/10/14	0	3,500.00	
Long Beach, IN 46360		Loan			3,555.55	
Jeffrey L. Thorne 2609 Fairway Dr.	¥	126.50	07/15/18	0	126.50	
Long Beach, IN 46360		Loan	07710710		120.00	
Jeffrey L. Thorne 2609 Fairway Dr.		2,500.00	11/06/19	0	2,500.00	
Lender's occupation:		Loan	11/00/19	O	2,300.00	
LENDER'S OCCUPATION:	1	SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$13,126.50	
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY	\$13,126.50	
(Enter total on ITEM 19 of the Summary Sheet.)						



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page _	of			

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT DATE DEBT INCURRED (mm/dd/yy)		CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	1				
		SUBTOTA	AL THIS PAGE O	SCHEDULE E	\$ 0.00
	TOTAL OF A	ALL PAGES OF SCHEDUL	E E ON THE LAS		\$



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5) IN CLERKS OFFICE

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

EII E NIIMBER

								FILE NUMBER
1. IS THIS AN AMENDMENT?	▼ Ye	s No If Yes	s, pleas	se enter t	he file n	umber in this bo	¥. →.	Kergengehadrik 4lo 20-
			N 50				L CL	RK OF LA PORTE CIRCUIT COURT ately as possible.
2. Last Name		irst Name	III eili	Middle Nar		Nickname	accun	3. Type of Committee (Check one)
THORNE		JEFFREY		LEE		JEFF		✓ Candidate's Principal Committee☐ Exploratory Committee
4. Mailing Address (number and street, city,	state, and	I ZIP code)		5	. FAX (Op	tional)	6. E-ma	il Address (Optional)
2609 Fairway Drive				()			
7. City	State		8. Cou			9. Telephone (Day)	240	10. Telephone (Evening)
Long Beach	III	46360	Lar	Porte		(219) 878-56		(219) 878-5640
11. Party Affiliation ☐ Democratic ☐ Libertarian ☒ Repu	blican [Other		12. 011	ice Sougi	it (include district rium	uer, ii ariy.	Not required for an exploratory committee.)
			l in all	applica	ble box	ces as fully and	accur	ately as possible.
13. Full Name of Committee (Do not ab	breviate.	.) Check if this is	a new na	ame.				
THORNE FOR JUDGE								
14. Mailing Address (number and street, city 2609 Fairway Drive	, state, ar	nd ZIP code)	if this is	a new addre	ess. 15. F	AX (Optional)	16. E-m	ail Address (Optional)
17. City	State	ZIP Code	18. Co	- ASO ()		19. Telephone	2725	20. Committee Organization Date
Long Beach	IN	46360	LaF	Porte		(219) 878-56	540	(mm/dd/yy) 02/03/2014
21. Chairperson's Full Name ☑ Des JEFFREY L. THORNE		Candidate as Chairpers	ion. 🗆	Check if th	is is a new	chairperson.		
22. Mailing Address (number and street, city 2609 Fairway Drive	, state, ar	nd ZIP code)	if this is	a new addre	ss. 23. F	AX (Optional)	24. E-m	ail Address (Optional)
25. City	State	ZIP Code	26. Cc			27. Telephone (Day		28. Telephone (Evening)
Long Beach	IN	46360	Laf	Porte		₍ 219 ₎ 878-56	540	(219) 878-5640
29. Bank or Other Depositories (List all	banks c	or other depositories in	which the	e committee	deposits fi	unds, holds accounts, i	rents safet	y deposit boxes or maintains funds.)
Horizon Bank								
30. Exploratory Committee (Give brief state	ement ex	plaining purpose of an explo	oratory com	imittee only.)				he committee pay the candidate a salary or ch a copy of the contract.) \(\subseteq \text{Yes} \subseteq \subseteq \text{No} \)
SECTION C APPOINTME	NT O	E TOEACUDED	/IC 2	0.4.44\				NO.
SECTION C. APPOINTME 32. I, as Chairperson of the		F TREASURER egoing Person Appo				Signatur	e of the C	ommittee Chairperson
committee, appoint the followin					DFR			
Treasurer of the Committee. 33. Treasurer's Full Name Design	ate can			k if this is a		irer.		
MICHAEL W. GONDE	R							
34. Mailing Address (number and street, city	, state, ar	nd ZIP code)	if this is	a new addre	ss. 35. F.	AX (Optional)	36. E-m	ail Address (Optional)
114 Bittersweet Trail					()		
37. City	State	ZIP Code	38. Co			39. Telephone (Day		40. Telephone (Evening)
Michigan City	IN	46360		Porte		(219 ₎ 877-81	159	₍ 219 ₎ 877-8159
SECTION D. ACCEPTANC								
41. I give notice that I accept Committee. I am not the chairp								ccepting Appointment
permitted for a candidate commit			nunce ((cxccb.	as (YUCHO		W
SECTION E. CERTIFICAT	ION C	OF STATEMENT						FOR OFFICE USE ONLY
We certify as the candidate an							e have	
examined this statement. To the b					correct a	Date (mm/dd/)	(y)	
JEFFREY L. THORN	ACTION IN COLUMN TO ACTION					***************************************		
43. Typed or Printed Name of Can		Signature of	f Candid	date		Date (mm/dd/)	(y)	
JEFFREY L. THORN							1000	
Warning: State law requires that any of	change i	in this information be r	reported	within ten (10) days	of the change (IC 3-9-	1-10). A	
person who knowingly files a fraudulent accurate report as required by the India	report o	commits a Level 6 D fe	elony (IC	3-14-1-13).	A person	who fails to file a con	nplete or	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

46-20-32

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			The Same		
Full Name of Committee (as on Statement of Organization) Check if this is a new	nama				
THORNE FOR JUDGE	name.				
Acronym or Abbreviated Name (if any)	3. Commit	tee Telephone I	Number		
	(215	1878	-50	640	
4. Mailing Address (Address where all campaign finance correspondence is received.)		s a new addres			
5. City, State, ZIP Code BEACH, IN 46360	6. Party Af	filiation (if applie	cable)	لم.	
CANDIDATE INFORMATION (For Candidate's C					TAVEY
7. Full Name of Candidate (Include any nickname.)		filiation or If Ind	epender	nt Candidate	
JEFFREY LEE TAORNE	155	PUBLI	CA-	2	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		of Residence	E		
TYPE OF REPORT		CON	/ENTIO	N CANDIDATES	ONLY
11. Check one:		Check	cone:		
Pre-Primary Pre-Election Annual Nomination Other		D P	re-Conv	vention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	tement of Organiza	ation.)	ost-Con	vention	
12. Reporting Period (mm/dd/yy):		COLUMN A		COLUMN E	
From: 01/01/20 Through: 05/08/20		This Period	the state of	Year to Dat	
13. Cash on hand and investments at the beginning of this reporting period.		1,171.	30		
14. Cash on hand and investments January 1, current year.				-	
CONTRIBUTIONS AND RECEIPTS					DAR S
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)		1,009.	00	1, 800.	99
15b. Uniternized			0.00		
THE CONTROL OF THE CO	TOTAL		0.00		0.00
	TOTAL 2	71.34,00	0.03	1,00	0.00
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3,100	09	2, 100.	00
17b. Unitemized	TOTAL	o4 17779855 5000	0.00		0.00
V/SE 05 0 0 0 0 00 00 00 00 00 00 00 00 00 0	THOSPICAL TO THE	2,100	0.00	2,100	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	7/470	0.00	sa castrone a mur	0.00
19. Debts OWED BY the committee (Use Schedule D.)		14,126,	20		
20. Debts OWED TO the committee (Use Schedule E.)		. 0		1976年90世	
CERTIFICATION			FC	OR OFFICE USE O	NLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORRECT	AND COMPLETE	E	ILE	D
Signature of Treasurer TREASURER		(mm/dd/yy) -15-20	IN	CLERKS OFFI	CE
Signature of Candidate (if applicable)	1 100	(mm/dd/yy)	1 14	AV 1 5 202	0
	5/	15/20		AY 15 202	U
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose, files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	te report as requ	uired by the Indian	lý		
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	4-16, IC 3-9-4-17	7, IC 3-9-4-18)		Kangenge Restricte	-
		C	ERK OF	LA PORTE CIRCU	IT COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
JEFFREY L. THORNE LLOOR FAIRWAY DE.	Contributions: Direct In-Kind (describe) Other Receipts:	PERIOD	YEAR-TO-DATE	OI //3/24
Michilan City, In 46360 Contributor's Occupation (if required)	☐ Interest ☑ Loan ☐ Miscellaneous (specify)	1,0000	1,000	
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
Contributor's Occupation (if required)	Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan		2	
Contributor's Occupation (if required)	Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	3 			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$1,0 6 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$1,000.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
	(street, number, city, state, ZIP code)	SKSTILK RESERT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
	SUBTOTA	THIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDULI	A ON THE LAST PAGE ONLY	\$		
	(Enter total on ITE	M 15a of the Summary Sheet.)	· *		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME FULL MAILING ADDRESS (street, number, city, state, ZIP	OR OTHER RECEIPT	I COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts:	PERIOD	YEAR-TO-DATE	NECEIVED BY
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts:			
	Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		_	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	SUBTOTAL THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF	SCHEDULE A ON THE LAST PAGE ONLY total on ITEM 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 0.00		
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 1,000.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

Page _	of	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
VIEW OUTDOON ADV. 9860 COAN. Dr. FUITE AI-100 CROWN POINT, EN 463		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	€00°	210 24	1/30/20
BURKHART 1335 MISHAWOKA AVE SOUTH BEND, IN	ADVERTISING	Payment of Debt Returned Contribution Other Purpose:	1,600	1,600	1/23/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		6	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PAG	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$ 180.00 \$ 2, 100 p		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER				
of				

			Page	of _	
Enter Text of Public Question.	PUBLIC QUESTION	ON INFORMATION			
Type of Question: Statewide Position: Supported Oppos					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 0.00		¥a
	S OF SCHEDULE C ON THE Enter total on ITEM 17a of ti		\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page _	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		2,500			
			3/5/14	0	5200
LENDER'S OCCUPATION:		LAAJ	()	,	
LENDER'S OCCUPATION.					
		2,000			2000
		•	3/22/14	0	-
LENDER'S OCCUPATION:		LOAN			
		-			11
		2,500	4/18/14	ð	2200
LENDER'S OCCUPATION:		لدهرب		U	-
ELIDERO GOGO ATION.					
		3,000	10/10/4	D	~~~
			1-1199		3200
LENDER'S OCCUPATION		しのろん			
		Ot. 231	7/15/18	8	150.20
ENDER'S OCCUPATION		LOAN	1,077		
		2,500 LOAN	l. l.c	11.0	
		1-02	11/1/19	D	5200
ENDER'S OCCUPATION:		LOM			
		(> 0.40)			
		1,000	1 (13/20	D	1,000
ENDER'S OCCUPATION		COAN	.	50.00	,
UNDER O COUPAININ		SUBTOTA	L THIS PAGE OF	SCHEDULE D	\$ 14,126.
	TOTAL OF ALL	PAGES OF SCHEDULI	E D ON THE LAS	T PAGE ONLY	
(Enter total on ITEM 19 of the Summary Sheet.)				\$ •••	



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page	of			

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	Î				
		<u> </u>			
				-	
		SUBTOTA	L THIS PAGE OF	SCHEDULE E	\$ 0.00
	TOTAL OF A	LL PAGES OF SCHEDULI	E E ON THE LAST	PAGE ONLY	\$
		(Enter total on I)			a



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

No

1. Full Name of Committee (as on Statement of Organization)

(CFA-4) Summary Sheet

FILE NUMBER
40-20-32

TOTAL PAGES IN ENTIRE CFA-4 REPORT

THORNE FOR TUDGE			
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Numb	
	(21	9)878-5	640
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this	s is a new address	
2609 FAIRWAY DA.			
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)
LONG BEACH, IN. 46 360		EPUBLI	CAN
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)	
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independ	dent Candidate
JEFFREY LEETHORNE	RI	E PUBLIC	IAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	_	nty of Residence	
JUDGE, LAPONTE IUNEMIAN COUNT NO. III	L	APORTE	
TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Nother GENERALE LEC	CTION	Pre-Co	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	of Organization)	Post-C	onvention
12. Reporting Period:		COLUMN A	COLUMN B
From: 10 - 10 - 20 Through: 12 - 31 - 20		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS			TERRITOR DE
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		0.00	0.00
5b. Unitemized		0.10	0.00
15c. Add lines 15a and 15b in both columns	OTAL	0.00	0.80
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	0.00	0.00
EXPENDITURES			La Starta Date
Note: These amounts include in-kind expenditures and loan repayments.)			
7a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	0.00
7b. Unitemized		0.00	0.00
7c. Add lines 17a and 17b in both columns SUBT	TOTAL	0.00	0.00
8. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.00	0.00
9. Debts OWED BY the committee (use Schedule D)		0.00	ALERS DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE
0. Debts OWED TO the committee (use Schedule E)		The state of the s	
		14,126.50	B MAINE BELL BOOK
CERTIFICATION			FOR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	7001		IN CLERKS OFFIC
ignature of Treasurer Title	Dat	e	
signature of Candidate of applicable)	Dat	-	JAN 20 202
	Dat	1/20/21	20 202
VARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (I	(IC 3-9-4-5) A	person who knowingly	
es a fraudulent report commits a Class D felony. (IĆ 3-14-1-13) A person who fails to file a complete or accurate ambaign Finance Lay commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4	te report as re		Learn Steven
and may be subject to simil perialities. The 5-5-4	10,100-3-4	11,10 0.3-4-10)	LERK OF LA PORTE CIRCUIT

COMMITTEE INFORMATION

Check if this is a new name



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)	FERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts:			
Contributor's Occupation (if required)	Misc. (specify)	_ =		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		_		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	,		
Contributor's Occupation (if required)				
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 0.00		
(Enter total on ITEM	15a of the Summary Sheet)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	of

			r age	_ 01
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTIO OR OTHER RECEIPT	N COLUMN A AMOUNT THIS PERIOD	COLUMN B	DATE RECEIVE (mm/dd/yy)
1.	Contributions: Direct In-Kind (describe)	LAIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			- 2
	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS DACE OF GOVERN			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A \$ A ON THE LAST PAGE ONLY 115a of the Summary Sheet.) \$	0.00		
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

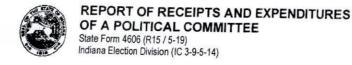
(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page _	of

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A AMOUNT THE PERIOD		E (n	RECEIVEI nm/dd/yy) EIVED BY
1.		Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)				11	
2.		Contributions: Direct In-Kind (describe)		2			
		Other Receipts: Interest Loan Miscellaneous (specify)					
3.		Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)					
4.		Contributions: Direct In-Kind (describe)			34		
	0	Other Receipts: Interest Loan Miscellaneous (specify)	-			-	
to		Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)					
	SUBTOTAL TH	IIS PAGE OF SCHEDULE A	\$	0.00			
	TOTAL OF ALL PAGES OF SCHEDULE A		\$				
	(Enter total on ITENI 1	sa of the summary Sheet.)	_	0.04			



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	ON	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DAT	E	DATE RECEIVE (mm/dd/yy) RECEIVED BY
	1.	Contributions: Direct In-Kind (describe)					NEOEWED D
		Other Receipts: Interest Loan Miscellaneous (specify)					
	2.	Contributions: Direct In-Kind (describe)					
	120	Other Receipts: Interest Loan Miscellaneous (specify)					(*
	3.	Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)					
4	4.	Contributions: Direct In-Kind (describe)				9	
	5	Other Receipts: Interest Loan Miscellaneous (specify)		i.			
i.		Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)			E		
_	SUBTOTAL TI	HIS PAGE OF SCHEDULE A	•	0.00			
	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$	0.00			
_	(Enter total on ITEM 1	5a of the Summary Sheet.)	\$	0.00			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER					
Page _	of					

FULL M	OR'S FULL NAME AND IAILING ADDRESS er, city, state, ZIP code)	TYPE OF CONTRIBUTIO OR OTHER RECEIPT	N COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.		Contributions: Direct In-Kind (describe)		TEAN-10-DATE	NEGENED BY
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
,		Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)		,	
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
ī,		Contributions: Direct In-Kind (describe)			
	2	Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF	SUBTOTAL T		\$ 0.00		
	(Enter total on ITEM	15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

F	FILE NUMBER						
Page	of						

				age o	f
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	
(Grood, Hamber, City, State, ZIP Code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITU (mm/dd/y
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-		
	2	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			4
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			9
Code		Direct In-Kind Payment of Debt Returned Contribution Other urpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			a.
Code		Direct In-Kind Payment of Debt Returned Contribution Other pose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other ose:			
TOTAL OF ALL PAGES	SUBTOTAL THIS PAGE O	F SCHEDULE B \$	0.00		
(En	ter total on ITEM 17a of the S	ST PAGE ONLY summary Sheet.)	0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER					
Page _	of				

Enter Text of Public Question.	PUBLIC QUES	TION INFORMATIO	N	age	_ of
Type of Question: Statewide					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITUE and PURPOSE (be specific	AMOUNT T	HIS CUMULATIN	E EXPENDITE
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	-		(mmaay
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-		
ode		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
ode		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
de		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			α
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	5		
	SUBTOTAL THIS PAGE	OF SCHEDULE C	\$ 0.00		
TOTAL OF ALL PAGE:	S OF SCHEDULE C ON THE Inter total on ITEM 17a of the	LAST PAGE ONLY	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

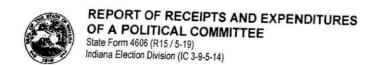
(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

JMBER
of

	N. Committee of the com		Pag	je	of
CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)		DATE DEB INCURRED (mm/dd/yy,	PAI	D BALANCE THE
JERGLE YL. THORNE					1 ENOB
2609 FAIRWAT DA.		2,500			
MILAILAN CITY, IN			3/5/1	8	2,500
LENDER'S OCCUPATION: 4 L3 L8		LOAN	1 110	r -	5,5
JOFFEET LITHORNE					-
2009 FAIRWAY DR.		2,000	21 ,		
MICHILAN CATY, IN			3/22/14	0	2,000
LENDER'S OCCUPATION: 46 366		LOAN	/ /		/
JUNREY L. THORNE					
MICHILAN CITY, IN		2,500	4/18/14		
			1.719	D	2,500
JOSFA 57 L THORNS		LOAN			
LLOG FAIRWAY DA.		3			
MICHILAN CITY, IN	_	3,500	10),,1	•	
LENDER'S OCCUPATION: 4 L & GO		LUAN	10/10/14	0	3,500
JOAFREY L. THORNE		LDAZ			1'
Usq Garway Dr.		131- 0			
MICHILAN CITY, IN		126.50	7/15/18	0	1 22 -
ENDER'S OCCUPATION 4671		LOAJ	115/18	0	126.50
JOYALEY L. THORNU					
2609 france ar.		5,200	01.1.		
MICHIGAN CITY, IN			11/1/19	0	2,500
NDER'S OCCUPATION: 46760		LOAN			
JEAROY LITTORNE LUDG FAREN RY DE. VICENCAN CITY, EN					
1 this and any De.	1	, 600			
111 361		, ((13/20)	0	1,000
DER'S OCCUPATION:		LOAN	((23		',
		SUBTOTAL T	HIS PAGE OF SO	CHEDULE D	\$ 196120.50
	TOTAL OF ALL PAG	ES OF SCHEDULE D	ON THE LAST S		0.00
		(Enter total on ITEM	19 of the Summ	ary Sheet.)	\$14 114 120

(Enter total on ITEM 19 of the Summary Sheet.) \$ 14, 111.



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
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Page _	of	

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BORROWER'S NAME AND MAILING ADDRESS AND MAILING AD (street, number, city, state, ZIP code) (street, number, city	R'S NAME DRESS (if any) r, state, ZIP code)	ORIGINAL AMOUN	INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE TH PERIOD
				, x	
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	THE OF ALL P	AGES OF SCHEDULE (Enter total on ITE	E ON THE LAST P EM 20 of the Summ	AGE ONLY \$	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4) Summary Sheet

FILE NUMBER

4020-32

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	加速 扩		
Full Name of Committee (as on Statement of Organization) Check if this is a new			
THORNE FOR JUDGE			
Acronym or Abbreviated Name (if any)	3. Co	ommittee Telephone Number	1
	(2	19 878-51	640
2609 FAIRWAY UZ.	Check if	this is a new address.	
5. City, State, ZIP Code LONG BEACH, IN 46360	6. Pa	rty Affiliation (if applicable)	AN
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.) JEFFREY LEE THORNE	8. Pa	rty Affiliation or If Independer	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) JUDGE, LAPORE SUPERIOR CONT NO. 3	10. C	ounty of Residence	17.7
TYPE OF REPORT	CONTRACTOR OF THE PARTY OF THE		N CANDIDATES ONLY
11. Check one:		Check one:	N CANDIDATES ONLY
Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	tement of O	rganization.) Dost-Con	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMNIA
From: 04/11/2020 Through: 10/09/2020		This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		71.30	
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS	A VOID		国的基础的
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		一些学生是	1 A Sept 1942
15a. Itemized (Use Schedule A.)		0	(.000.0V
15b. Unitemized		0	0.01
	OTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	71.30 000	L, 60 0.00
EXPENDITURES			
Note: These amounts include in-kind expenditures and loan repayments.)			并是是 等
7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	2,100.00
7b. Unitemized			0.01
7c. Add lines 17a and 17b in both columns.	TOTAL	0.00	0.00
8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	210 0.00
9. Debts OWED BY the committee (Use Schedule D.)			
0. Debts OWED TO the committee (Use Schedule E.)		14,126.50	
		0.07	MAN SHIELD FOR
CERTIFICATION		FO	R OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO TITLE TITLE TITLE		Pate (mm/dd/yy)	FILE IN CLERKS OFFICE
ignature of Candidate (if applicable)	-		TOLERNS OFFICE
ARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (as a fraudulent report commits a Level 6 felony. (IC 3-14-1/13) A person who fails to file a complete or accurate ampaign Finance Law commits a Class B misdemeanor, (IC 3-11-1-14) and may be subject to civil penalties. (IC 3-9-4)	/C 3-9-4-5)	required by the Indiana	OCT 114 22020
			Forgundehobick, ERK OF LA PORTE CIRCUIT CO



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
JEFFREY L. THORNE	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
2609 FAIRWAZ DR.	In-Kind (describe)			
MILAIGAN CAT, =~	Other Receipts: Interest Loan		1,000.00	01/13/20
Contributor's Occupation (if required)	Miscellaneous (specify)			81/0/28
2.	Contributions:	1		
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
		1		
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0,00	9	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER		
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Page	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B	DATE RECEIVED (mm/dd/yy)
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	OTAL THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHED (Enter total or	OULE A ON THE LAST PAGE ONLY ITEM 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
1.	(Sueet, number, City, State, 21r code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	-	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
		HIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 6.64	*	



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page _	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
	Page	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts:	PERIOD	YEAR-TO-DATE	KECEIVED BY
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _	of			

				-9-	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			5
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			×
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE	OF SCHEDULE B	0.00		
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

completing this schedule, see instructions on the r amount paid to political committees supporting or or	reverse side. All cumulative expenses of pposing a public question, MUST be iter	or transfers-out, regardless of nized on this schedule.		FILE NUM	BER
Enter Text of Public Question.	PUBLIC QUESTION	ON INFORMATION	Page	0	f
Type of Question: Statewide Position: Supported Oppos RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	Local sed RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	AMOUNT THIS		DATE OF EXPENDITURE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	,		
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	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 0.00		

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY

(Enter total on ITEM 17a of the Summary Sheet.)

\$ 0.00



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

F	ILE NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DAT	BALANCE THIS
JEGGREGL. THORAGE					
2609 FAIRWAY DA.		>500			
Maria Al Car		2,500	3/5/14	8	3 500
MICHILAN CAY, IN		LOAN	13/14	0	2,500
LENDER'S OCCUPATION: 46368		LOAN			
JOFFEET L. THONNE					
2009 FAIRSMY Dr.		2,000	3/21		
MICHILAN CITY, IN			3/22/14	D	2,000
LENDER'S OCCUPATION: 4 6 368		LOAN			
JUNREY L. THORNE					
choq fareway on.		2,500	41141		
MICHILAS CITY, IN	III		7/10/14	0	2,500
LENDER'S OCCUPATION: Y & 3 LO		LDAN			/
JOHAGY LIHOLNE		4			
LLOG FAIRWAY DA		3,500			
MICHILAN CITT, IN	F	, -	10/18/14	0	7 30
LENDER'S OCCUPATION: 4 L 3 GO		1-12AN	1 1.7	-	3,500
JEAFREY L. THORNE					
269 Gailway Dr.		126.50			
MICHILAN CITY, IN		•	7/15/18	0	126,50
LENDER'S OCCUPATION 46760		LDAN			,
JUHAGY L. THORNU					
2609 Franks A. M.		5,500	(1)		
MICHIGAN CITY, IN	-		11/1/19	0	2,500
LENDER'S OCCUPATION:		LOAN			/
JEAROYL THORNE					
2409 Garand are Da.		1,100			
JEAROYL, TOORNON LOOK DE. 2609 FARRING AND DE. MIGHILAN CITY, EN			Vial	٥	1 445
LENDER'S OCCUPATION. 4 348		LOAN	ולישוש		(, 000
		SUBTOTAL	THIS PAGE OF S	CHEDIUED	\$ 19,120,50
SUBTOTAL THIS PAGE OF SCHEDULE D					

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)

\$14,166.5



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
Page _	of				

	BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
	(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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			SUBTOTAL	THIS PAGE OF S	CHEDULE E	\$ 0.00
		TOTAL OF ALI	PAGES OF SCHEDULE			5
	(Enter total on ITEM 20 of the Summary Sheet.)					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

46-20-32

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new name				
THORNE FOR JUDGE				
Acronym or Abbreviated Name (if any)	3. Com	mittee Teler	phone Numbe	r
Annabadhadh Pittachadh Annabadh Annabadh ann Annabadh Ann Mala An	()-1	9 8	78-56	40
4. Mailing Address (address where all campaign finance correspondence is received)		s is a new a		
2609 FAIRWAY Dr.				
5 City State 7IP Code			if applicable)	- T
LONG BEACH, IN., 46360			3 LIC	4 00
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)	建築物的	
7. Full Name of Candidate (include any nickname)	-		or If Independe	ent Candidate
JEFFREY L. THORNE			1 CAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Resid		
JUDGE, LAPONTE SUPERIOR COUNT NO. II	W	1 Pac	CT WATER TO SEE	
TYPE OF REPORT				ON CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:	wention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of			=	nvention
	Organization			Trendon
12. Reporting Period:			UMN A Period	COLUMN B Year to Date
From: Through: 13. Cash on hand and investments at the beginning of this reporting period.		100000000000000000000000000000000000000		real to Date
Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.			. 90	0.33
CONTRIBUTIONS AND RECEIPTS				0.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		0	. DD	0.00
15b. Unitemized		0	00	0.00
15c. Add lines 15a and 15b in both columns	DTAL	Ø	.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL			
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.	00	0.00
17b. Unitemized		D.	DD	0.00
17c. Add lines 17a and 17b in both columns SUBT	TOTAL	0.	00	0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.	00	0.00
19. Debts OWED BY the committee (use Schedule D)		0.	OD	the Control of
20. Debts OWED TO the committee (use Schedule E)		0.0	0 (
CERTIFICATION				OR OF LICE USE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	RUE, CORP	ECT AND CO	MPLETE	VS OFFICE
gnature of Treasurer Title	Di	ate	INCLER	N3 OIII
		_	1	0.0004
Signature of Candidate (if applicable)	Da	ate /	J. JAN	2 0 5051
WARNING. Any information contained in this report may not be copied for sale or used for any commercial purpose. (I	IC 3-9-4-5)	A person who		
files a fraudulent report commits a Class D lelony (IC 3-14-1-13) A person who fails to file a complete or accurate	e report as	required by the	he Indiana	nu Stevens
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4	+-10,103-9	1-4-17, 10 3-9-4	CLERK OF LA P	ORTE CIRCUIT COURT



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		-		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		1		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)			1	
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	ON COLUMN AMOUNT T PERIOD	HIS CUN	OLUMN B	DATE RECEIVED (mm/dd/yy)
	1,	Contributions: Direct In-Kind (describe)	I	YEAR	R-TO-DATE	RECEIVED BY
		Other Receipts: Interest Loan Miscellaneous (specify)				
	2.	Contributions:				
		☐ Direct ☐ In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)			-	
-).	Contributions:				
		☐ Direct ☐ In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)				
4.		Contributions:				
		Other Receipts: Interest Loan Miscellaneous (specify)				
	*	Contributions:				
		Direct In-Kind (describe)				
	•	Other Receipts: Interest Loan Miscellaneous (specify)				
	SUBTOTAL TI	HIS PAGE OF SCHEDULE A	\$ 0.00			
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMO	LUMN A UNT THIS ERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEI (mm/dd/yy)
	1.	Contributions: Direct In-Kind (describe)					<i>-</i>
		Other Receipts: Interest Loan Miscellaneous (specify)				0	
1	2.	Contributions: Direct In-Kind (describe)					
	y y	Other Receipts: Interest Loan Miscellaneous (specify)					
3.		Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)					
4.		Contributions: Direct In-Kind (describe)					-
	5	Other Receipts: Interest Loan Miscellaneous (specify)	2				
		Contributions: Direct In-Kind (describe)					
		Other Receipts: Interest Loan Miscellaneous (specify)			+		
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	TOTAL OF ALL PAGES OF SCHEDULE A		\$ 0.00				
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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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FULL MAI	R'S FULL NAME AND LING ADDRESS , city, state, ZIP code)	TYPE OF CONTRIBUTIO OR OTHER RECEIPT	ON COLUMN A AMOUNT THE PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE (mm/dd/yy) RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			a a
3.	-	Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.	n	Contributions: Direct In-Kind (describe) Other Receipts:			5
		Interest Loan Miscellaneous (specify)			
5.	20	Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
	SUBTOTAL TH	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF A	LL PAGES OF SCHEDULE A		\$ 0.00		
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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	OCOLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan		TEAR TO-DATE	
2.	Miscellaneous (specify) Contributions: Direct			
*	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
4.	Miscellaneous (specify) Contributions: Direct			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	-		
	15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURI and PURPOSE (be specific)	AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF
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Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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Code		Direct In-Kind Payment of Debt Returned Contribution Other			w.
Code		Direct In-Kind Payment of Debt Returned Contribution Other rpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other pose:			
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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Enter Text of Public Question.	PUBLIC QUEST	TION INFORMATION	V	Page	of _	
Type of Question: Statewide Doposition: Dopos						
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITUR and PURPOSE (be specific	AMOUNT	THIS CUMU	UMN B LATIVE FO-DATE	DATE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-	TEAR-	O-DATE	(mm/a
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ode		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
le		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
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		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-			
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAM AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code		DATE DEBT INCURRED (mm/dd/yy)	PAID	BALANCET
JERGLE YL. THORNE 2609 FAIRWAY DA. MICHILAN CITY, IN		5,500	3/5/14	*	1 00
LENDER'S OCCUPATION: 4 L3 L3		LOAN	13/14	1 8	2,500
2609 hairsay ox.		2,000			
MICHILAN CTY, IND			3/22/14	٥	2,000
JUNREY L. THORNE		LOAN			
MICHILAN CITY, IN		2,500	4/18/14	0	2,500
ENDERS OCCUPATION: Y L & LO JOHA & Y L THORNS		LOAN			7,500
1 1CH 164 S CITT, IN		3,500	(0)		
IDER'S OCCUPATION: 4 L 3 GO		LUAN	19/19/19	0	3,500
OFTER LITHORNE		11			
LEG GOIRWAY TR I CHILAND COTTY IN		126.50 LOAN	7/15/18	٥	126.50
SYFREY L. THORNU					
100 frankara Dr.		5,200	11/1/19	0	2,000
RS OCCUPATION: 46360		LOAN			
16 FROYL, THORNEL 169 FAMEN AND DE. 1416AN CFTY, EN		1,100			
S OCCUPATION: 4 USA		LOAN	נפוניו	O	1,000
			THIS PAGE OF SO		\$ 196126.5
	TOTAL OF ALL PA	GES OF SCHEDULE D (Enter total on ITEM	ON THE LAST F	AGE ONLY	\$ (4, 126. 50



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	INCURRED P	JLATIVE OUTSTANDING AID BALANCE THIS TO-DATE PERIOD
-				
	TOTAL OF ALL		HIS PAGE OF SCHEDULE	
	TOTAL OF ALL P	(Enter total on ITEM	ON THE LAST PAGE ONLY 1 20 of the Summary Sheet,	y \$